

Case Number:	CM14-0106508		
Date Assigned:	07/30/2014	Date of Injury:	02/17/2011
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who reported an injury on an unspecified date due to an unspecified mechanism of injury. On 03/24/2014 she reported weight gain and that she was unable to lose weight. She also reported diarrhea, bloating and cramping. A physical examination revealed to be within normal limits. Her diagnoses were listed as gastroesophageal reflux disease, irritable bowel syndrome, sleep apnea, palpitations, rule out hypertension and fatty liver. Her medications included atenolol, aspirin and omeprazole. She reportedly had an MRI performed on 04/29/2014 of the right shoulder. Information regarding surgical history and past treatments was not provided for review. The treatment plan was for a genetic opioid risk test and a genetic metabolism test. The Request for Authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Genetic Opioid Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing for Potential Opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic Testing.

Decision rationale: The request for a genetic opioid risk test is non-certified. There was no documentation provided for review regarding the request for an opioid genetic risk test. The Official Disability Guidelines state that genetic testing for potential opioid abuse is not recommended as current research is experimental in terms of testing for this and studies are inconsistent with inadequate statistics and a large phenotype range. Based on the clinical information submitted for review, there is no clear indication for the medical necessity of a genetic opioid risk test. The rationale for a genetic opioids risk test and documentation to support the request was not provided for review. Without a clear rationale, the request would not be supported. The request is not supported by the guideline recommendations as it is not recommended and there was no evidence to support its necessity. Given the above, this request is not medically necessary.

Genetic Metabolism Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic Testing.

Decision rationale: The request for a genetic metabolism test is not medically necessary. There was no documentation regarding the request for a genetic metabolism test. The Official Disability Guidelines state that genetic testing is not recommended as studies are inconsistent with inadequate statistics. The requesting physician did not state a rationale for use of a genetic metabolism test and there was no documentation submitted for review to support its use. Without documented evidence to support the necessity of a genetic metabolism test, the request would not be supported. In the absence of this information, the request is not supported by the evidence based guidelines. Therefore, this request is not medically necessary.